

# Marketing, Enrollment and Support Services

## VI. SERVICES DEPARTMENT

### A. General

The contractor shall make timely, accurate answers to all TRICARE inquiries [written, telephone, walk-in, ASD(HA), TRICARE Management Activity (TMA), Lead Agent, HBA, and congressional].

#### 1. Correspondence Receipt and Control

The contractor shall establish and maintain a control system for routine and priority correspondence, appeals, and grievances which meets the requirements of [OPM Part One, Chapter 1, Section III.E.](#); [OPM Part Two, Chapter 8](#); and [OPM Part Three, Chapter 7](#). The contractor shall capture and retain needed data for input to workload and cycle time aging reports. The correspondence control system shall be automated.

#### 2. Availability of information

Information required for appropriate response to inquiries, including but not limited to TRICARE claim files, appeal files, previous correspondence, and canceled checks must be retrievable within five (5) workdays following a request for the information.

#### 3. Filing

All documents received or generated in the services department as a result of responding to correspondence, handling of appeals, or in other actions shall be filed within five (5) workdays following processing to completion. (See the [OPM Part One, Chapter 2](#) and [OPM Part Two, Chapter 8, Section II.A. and B.](#))

### B. Telephones

#### 1. General

The requirements and standards established below apply to all toll-free telephone calls. There should be no differentiation in the service provided whether the call originates locally or through the toll-free lines. The contractor shall provide the availability of telephone contact as a service to all TRICARE inquiries [beneficiaries, [Lead Agents](#), providers, ASD(HA), TMA, HBAs, and congressional offices]. The service must be continuous during normal business hours which are defined as 8:00 A.M. through 6:00 P.M. (except weekends and holidays) in all time zones within the region. This service is intended to assist the public in securing answers to various TRICARE questions including, but not limited to:

- a. General program information;
- b. Specific information regarding claims in process and claims completed, e.g., explanations of the methods and specific facts employed in making reasonable charge and medical necessity determinations, information regarding type of medical services submitted;
- c. Additional information needed to have a claim processed;
- d. Information about review and appeal rights and the actions required by the beneficiary or provider to use these rights.

**e.** Information about and procedures for the TRICARE Program.

**f.** Information concerning benefit authorization requirements and procedures for obtaining authorizations. Provisions must be included to allow the transfer of calls to the authorizing organization (within the contractor's organization, to include subcontractor) without disconnecting the call.

**g.** Providing, via a separate toll-free telephone number within each Region, information to all MHS beneficiaries about TRICARE participating providers in their location, especially for those beneficiaries living in remote areas without access to the contractor's network providers. The telephone service shall be available for the same amount of time and under the same standards as required *for all other toll-free telephone services described in this chapter.*

**(1)** When contacted, the contractor shall provide the beneficiary with the name and telephone number of at least one TRICARE-authorized provider in the desired speciality, if one is available, who has participated on TRICARE claims within the previous calendar year or who has committed to participate on future TRICARE claims. The contractor shall inform the beneficiary that, although the provider has participated in the past, the provider is allowed to participate on a claim-by-claim basis; therefore, the beneficiary should contact the provider to see if he/she is willing to participate. The contractor shall also offer to contact the provider on behalf of the beneficiary. The contractor shall attempt to locate a participating provider that is close to the beneficiary's residence, but no more than sixty (60) minutes travel time unless the beneficiary waives the sixty (60) minute requirement. No written follow-up notification is required when a response is possible during the initial telephone call.

**(2)** If the contractor cannot find a provider within the travel distance who has participated in TRICARE in the past or who has committed to providing medical care on a participating basis, the contractor shall offer to contact local providers on behalf of the beneficiary to locate a provider willing to participate. Providers who have previously declined participation within the prior calendar quarter need not be contacted. The contractor shall contact a minimum of three providers practicing within the 60 minute travel limit radius of the beneficiary's address. (The three provider limit is waived if there are not three providers available within the required distance who will participate.)

**(3)** Within five (5) working days of the initial request for assistance in finding a participating provider who has not already been identified, the contractor shall telephonically notify the beneficiary of the results of the search. The contractor shall make a minimum of three (3) attempts to contact the beneficiary by telephone. In addition, the contractor shall send a written notification to the beneficiary within the same five (5) working days. The written notice shall include the following:

**(a)** The names, addresses, and telephone numbers of all the providers contacted with an indication of who will participate, if any, on TRICARE claims.

**(b)** If the contractor is unable to locate a participating provider, the beneficiary shall be provided information on the one hundred fifteen percent (115%) balance billing limitation and the ability to request a waiver of the balance billing limitation. The contractor shall inform the beneficiary of the procedures required to request a waiver.

# Marketing, Enrollment and Support Services

## Chapter 4

VI.B.1.g.(3)(c)

(c) The beneficiary shall be informed of his/her right to take the notification to a nonparticipating provider in order to inform the provider of the legal restrictions on balance billing.

### 2. Telephone Standards

The following performance standards shall apply to all toll-free telephone calls:

**a.** Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an individual or electronic device.

**b.** Ninety percent (90%) of all calls must be handled by a telephone representative or automated response unit (ARU) within 120 seconds after acknowledgment. During any delay, a message must inform the caller of the temporary delay and give advice about what information is needed to answer questions. Eighty (80) percent of the calls must be handled to completion during the initial call. A completed call is one in which the caller is given all the information they need to know regarding the situation about which they are inquiring.

**c.** If the call is not completed, the call-back must be made within two (2) working days. The call must be kept under control to assure that the required call-back is made. If it is impossible to provide a final reply, an interim status call must be made within two (2) working days. For all calls not answered with two (2) days, a final call-back or written reply must be provided to ninety-five percent (95%) within ten (10) calendar days and one-hundred percent (100%) within twenty (20) calendar days.

**d.** The contractor shall measure the quality of service by each telephone representative on a monthly basis for accuracy, responsiveness, clarity and tone. Each telephone representative is to be monitored on a sample basis equal to three (3) percent of the average daily calls handled, but not fewer than ten (10) calls per day. The sample calls do not have to be monitored from start to finish but must be monitored sufficiently to determine the adequacy of the representative's actions.

### 3. Toll-free Telephone Service

Toll-free service can be provided by a number of means available from local telephone companies. These include, but are not limited to: Wide Area Telephone Service (WATS), Foreign Exchange lines (FX), etc.

**a.** Contractors are not restricted to the use of any long distance carrier and may change companies at their discretion to improve the efficiency and cost effectiveness of the toll-free service. Should changes in long distance carriers occur, these changes must be transparent to the TRICARE beneficiaries and providers. The Contracting Officer shall be notified of any proposed change in companies at least thirty (30) calendar days prior to the actual change of companies.

**b.** The contractor shall advertise the toll-free service using all available media including the Explanation of Benefits (EOB); newsletters; telephone directories published by the contractor, military organizations, etc. and other appropriate sources.

#### **4. Telephone Monitoring Equipment**

The contractor or telephone company with which the contractor does business shall have telephone equipment that:

**a.** Measures busy signal level. Busy signal level is defined as the percentage of time a caller receives a busy signal. The equipment must produce busy signal data. The busy signal rate shall be expressed as a percentage, which is to be determined as follows: divide the number of calls answered by the contractor by the number of calls reaching and attempting to reach the contractor (must be machine generated figures). The contractor shall ensure that the busy signal rate never exceeds twenty percent (20%).

**b.** Ensures that eighty percent (80%) of all calls are acknowledged within twenty (20) seconds. Telephone equipment must be programmed to ensure this standard is always met. This level of service shall be available at all times - daily, weekly, monthly, etc. Averages are not acceptable.

**c.** Measures the number of calls received each month in which the time elapsing between acknowledgment and handling by a telephone representative or ARU (waiting time) is one hundred-twenty (120) seconds or less. Includes all calls that are directly answered by a telephone representative or ARU (no waiting time). The one hundred-twenty (120) second time period begins when the telephone call is acknowledged and does not include the twenty (20) second ring time.

#### **5. Additional Equipment Requirements**

The contractor shall furnish the following:

**a.** Access to a CRT for each telephone representative to retrieve or provide the information required in [Section VI.B.1.](#) above. The CRT shall be located to allow the telephone representatives to research data without leaving their work stations.

**b.** Outgoing lines sufficient to allow call backs.

**c.** Hard copy management reports regarding All Trunks Busy (ATB) data and the twenty (20) second and one hundred-twenty (120) second waiting time measurement. The hard copy management reports shall also include the total number of calls received, the number answered at the time of the call, the number fully answered within two (2) working days, the number fully answered within ten (10) calendar days, the number fully answered within twenty (20) calendar days, and the percentage of each.

**d.** A supervisor's console to monitor telephone representatives' telephone calls for accuracy, responsiveness, clarity, and tone.

**e.** Automatic call distributors and automatic response units (ARUs) with after hour message recorders, an automated, interactive, 24 hour call-handling system designed to ensure maximum access to the toll-free lines. This system shall provide automated responses to requests for general program information and to beneficiary requests for claims status.

# Marketing, Enrollment and Support Services

VI.C.

## Chapter 4

### C. Written inquiries

The contractor shall process both routine and priority correspondence in a manner which meets the standards and requirements set forth in the [OPM Part One, Chapter 1, Section III.](#) and [OPM Part Two, Chapter 8, Section III.](#)

### D. Walk-in inquiries

The contractor shall provide facilities and trained personnel to process walk-in inquiries promptly and accurately.

### E. Medicare Pharmacy Claims Review

The contractor shall establish and operate a Medicare Pharmacy Beneficiary inquiry process regarding Medicare pharmacy claims. The contractor shall review the processing of these claims to ensure the accuracy of the benefit decision and the allowable amounts paid on these claims. The contractor shall provide a written response to each request for a review within the time frame required for written correspondence (see [OPM Part One, Chapter 1, Section III.E.](#) and [OPM Part Two, Chapter 8, Section III.](#) Each written response shall include a complete description of the processing of the claim and the reason for the benefit and pricing determination.

